

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made  
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*.....

Place of Birth Miami City County Hila No. .... St. ....  
(Registration District)

|  |                              |     |                                |
|--|------------------------------|-----|--------------------------------|
| SEX OF CHILD*  | Twin<br>Triplet<br>or other? | and | Number<br>in order<br>of birth |
| <u>girl</u>  |                              |     |                                |
| DATE OF BIRTH* <u>Oct 3<sup>rd</sup></u> <u>1924</u> |                              |     |                                |
| (Month) (Day) (Year)                                 |                              |     |                                |
| FULL<br>NAME   | FATHER                       |     |                                |
| <u>Alberto Campa</u>                                 |                              |     |                                |
| FULL<br>MAIDEN<br>NAME                               | MOTHER                       |     |                                |
| <u>Antonia Banks</u>                                 |                              |     |                                |

I HEREBY CERTIFY that the child described  
herein has been named

Velia Campa  
(Give name in full) (Surname)

Antonia Banks  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

531-1003-122